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COUNTY COUNCIL OF THE PARTS OF LINDSEY
LINCOLNSHIRE

C

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

1928

Lincoln

J. W. RUDDOCK & SONS, PRINTERS, 287 HIGH STREET

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**To the Chairman and Members of the
Education Committee
of the Lindsey County Council**

My Lord, Ladies and Gentlemen,

I have the honour to present to you my Annual Report on the work of the School Medical Service for the year 1928.

Several changes occurred in the personnel of the medical staff during the earlier part of the year. Dr. Glegg, who had been your School Medical Officer for twenty years, left in May to take up the appointment of Medical Officer of Health under the East Sussex County Council. Dr. Lamont resigned on being appointed Medical Officer of Health for Lincoln. Dr. Shennan left the Council's service on account of ill-health.

The Committee did me the honour of appointing me to succeed Dr. Glegg, the position vacated by me being filled by the appointment of Dr. E. Wetherhead. Dr. A. T. Powell succeeded Dr. Lamont at Scunthorpe, while Dr. J. E. Gains temporarily took over Dr. Shennan's duties at Cleethorpes.

The Report, which is a survey of the various activities of the School Medical Department, indicates fairly clearly the extent of the provision made for the examination and treatment of children of school age.

Reference is made in the body of the Report as to the necessity for a hospital for the prolonged treatment of crippling defects. This is the most urgent need at the moment.

Other recommendations made in the Report and summarized here for convenience are :—

1. Better arrangements in schools for drying wet clothes.
2. Better cleaning of schools.
3. Abolition of privy vaults.
4. Appointment of physical training instructor.

In conclusion, I thank the Committee for the consideration and support accorded me during my first year of office as School Medical Officer.

I am particularly indebted to Mr. Grant, the Director of Education, for much invaluable help and advice, and also to the members of my staff for their loyalty and co-operation.

I have the honour to be,

Your obedient Servant,

W. S. H. CAMPBELL.

County Offices,
Newland, Lincoln.

February, 1929.

Statistics bearing on Medical Inspection

Area of the County	} Census 1921 {	..	..	963,800 acres
Population		..	..	260,301
Number of Schools	..	..	..	316
Provided	..	..	..	109
Non-provided	..	..	..	207
No. of Children on Books, 1928	..	..	..	38,101

Size of Schools—

Number on books—Up to and including 50	..	119
,, between 50 and 150	..	136
,, 150 and 550	..	46
,, 550 and 850	..	8
,, 850 and 1000	..	3
,, 1000 and over	..	4

No. of School Attendance Officers—

Whole time	..	..	..	..	..	11
Part time	..	..	..	..	..	7

£ s. d.

Cost of Medical Inspection for the financial year ending

31st March, 1928	10,418	9	10
------------------	----	----	----	----	----	--------	---	----

Receipts—

£ s. d.

Contributions received from Parents	..	314	15	8
Grant from Board of Education for same period	..	..	..	..
	..	5051	17	1
		<hr/>		
		5366	12	9

Net cost to Education Committee	£5051	17	1
---------------------------------	----	----	----	-------	----	---

County Rates, 1927-28 :—

General Purposes	..	..	..	4	1½
Special Education Areas Rates (approx.)	..	..	..	2¼	
				<hr/>	
				4	3¾

Proportion of County Rates applicable to General Education	1	8
--	----	----	----	----	----	---	---

Proportion of General Education Rate for School Medical Inspection	·81
--	----	----	----	----	----	-----

1d. Rate for General County Purposes produced £6260.

Staff of the School Medical Service in 1928

School Medical Officer :

R. ASHLEIGH GLEGG, M.D., D.P.H. (resigned 28th April, 1928)
 WILFRID S. H. CAMPBELL, M.B., Ch.B., D.P.H. (appointed 1st May, 1928)

Medical Inspectors :

JOHN EDWARD GAINS, M.R.C.S., L.R.C.P. (Lond.)
 W. T. HENDERSON, M.B., B.Ch., B.A.O., D.P.H.
 A. H. SHENNAN, M.D., D.P.H. (resigned 12th March, 1928)
 D. C. LAMONT, M.B., Ch.B., D.P.H. (resigned 16th June, 1928)
 JAMES HAY CLARKE, M.A., M.D., D.T.M. & H., D.P.H.
 ROBERT GEORGE H. TATE, M.D., D.P.H., B.A.O.
 A. T. W. POWELL, M.B., B.Ch., D.P.H. (appointed 15th Sept., 1928)
 E. WEATHERHEAD, M.B., Ch.B. (appointed 2nd October, 1928)

Orthopædic Surgeons :

ROBERT BLACK PURVES, D.S.O., F.R.C.S.E. (Part-time)
 EDWARD JOCELYN BILCLIFFE, F.R.C.S.E. (Part-time)

Medical Officers of Eye Clinics :

ANNIE T. BRUNYATE, M.D., D.P.H.
 GERTRUDE D. MACLAREN, M.B., Ch.B., D.P.H.
 MARGARET B. GRAHAM, M.B., Ch.B.

Dentists :

HENRY KINNAR OVEY, L.D.S., R.C.S. (Eng.)
 EVAN ELWIN LEWIS, D.D.S.
 WALTER RALEIGH BOOTH, L.D.S., R.C.S. (Eng.)

Nursing Staff

Superintendent—Miss D. KINSELLÉ (Part-time)

Asst. Sup.—Miss A. GRAHAM (Part-time)

Miss E. E. Jenkinson	Miss A. G. FRY	Miss A. GREEN
„ V. WALKER	Mrs. A. DOHERTY	„ C. OSBORNE
„ E. A. CLARKE	„ S. TURNER	„ N. HINCH
„ M. A. RICHARDSON	„ F. BULL	„ G. FAIRHEAD
„ F. HERBERT	„ LONGMIRE	„ L. TOWNSHEND
„ A. YOUNG	„ SHEPHERD	„ K. COHEN
„ H. FISHER	Miss C. CLARKE	„ LANGTON
„ L. ROSE	„ WALES	„ T. GUINAN
Mrs. C. SMITH	„ C. REYNOLDS	

In addition 48 part-time nurses are provided by the
 Lincolnshire Nursing Association.

Orthopædic Nurse—Miss B. I. BAUSOR

Orthopædic Masseuse—Miss M. I. CAMPBELL

Infectious Diseases Nurses—Miss J. McNEIL, Miss LAWRENCE

Dental Attendants—Miss L. J. JARVIS, Miss B. HUSSEY, Miss G. GEDEN

Clerical Staff

Chief Clerk—HORACE LEE

WILLIAM A. ELLERAY	}	Infectious Diseases, including Tuberculosis
WILLIAM E. PALMER		
BERT GUNNISS	}	Maternity and Child Welfare.
THOMAS HADLEY PRESTAGE		
CHARLES H. SMITH	}	School Medical Inspection and Treatment.
ARTHUR C. PALMER		
WALTER ROBERTS		
SIDNEY G. CLARKE		
RONALD J. BEBBINGTON	}	Finance, Stores and Requisitions.
EWART ERNEST ALFORD		
Miss ALICE MAY, Stenographer and Filing Clerk.		
GEORGE EDWARD DAWSON, Correspondence and General.		

Co-ordination

The County Medical Officer of Health is also School Medical Officer and the other departments of the County Health Service are also under his administration. A large measure of co-ordination between the various services is thus attained. Under the Maternity and Child Welfare Scheme the Health Visitors visit and report periodically on all children from birth to five years of age. These reports together with the doctors' reports on those cases that have attended the Infant Welfare Centres, are forwarded to the School Medical Inspectors for their information when these children are being examined as entrants at the public elementary schools. The Medical Inspectors are thus not infrequently provided with useful information which would not otherwise be available. The officers who are responsible for the treatment of eye defects and crippling in school children are also responsible for this work under the Council's Maternity and Child Welfare scheme. Children suffering from these defects on reaching school age pass to the care of the School Medical Department and their treatment is continued by the same officers. The School Medical Inspectors are also Tuberculosis Officers. Close co-ordination between these services is therefore assured.

School Hygiene

The Medical Officers continue to give close attention to the hygienic conditions of schools and report in detail on the sanitary circumstances of each school visited. Defects noted together with the remedies suggested by the Medical Inspectors are, through the Director of Education, brought to the notice of the Education

Committee in the case of Council Schools, and to that of the Managers in the case of voluntary schools. During the year under review the School Medical Inspectors reported 253 defects which, in their opinion, required to be dealt with. It is to be noted that 207 defects were remedied in 1928. In addition, many minor defects have been remedied by managers at the request of the Medical Inspectors and without the necessity of formal notices.

Type of School

Many of the schools, especially country schools, are old and fall far short of present day requirements. In these old premises the most glaring defects are usually in connection with ventilation and lighting, and to bring them to anything approaching the modern standard will entail in many cases very extensive alterations. Some of them are such that reconstruction is out of the question, the remedy being a new school.

Particulars of the type of new school which has been adopted by the Authority have been given in earlier reports. Briefly they might be described as open-air schools. They are so constructed that either or both sides of the class rooms can be thrown open when climatic conditions permit. Hoppered windows are also provided to ensure cross ventilation should it not be possible to have the doors in both sides open. Heating is by low-pressure hot water pipes laid under the floor. It has been found at Henderson Avenue School, Scunthorpe, that it is nearly always possible to have at least the sheltered side of the school fully open.

Experience with regard to the working of these elementary open-air schools is nowhere very extensive. I think, however, they are on the right lines and provided proper detailed attention is given to heating and ventilation they are far ahead of anything hitherto attempted.

It has recently been stated that under floor heated open-air schools appear to possess no advantages over good cross ventilated schools heated by radiators and hot water pipes. It is difficult to see how this conclusion has been arrived at. Floor heating is as good as, if not superior to pipes and radiators around the room, and in the open-air type practically the maximum ventilation obtainable is available for use if desired. In the milder months of spring and summer the children are working under ideal open-air conditions. These conditions cannot be obtained in any of the older types of school. It has also been suggested that while open-air schools act advantageously on the subnormal child they are not equally

advantageous for the healthy. Such a suggestion can hardly be taken seriously. Dr. Paul, Medical Officer of Health for Smethwick, in referring to the benefit derived by weakly children from attendance at open-air schools makes some very apt remarks on the question of open-air schools for all. He writes :—

“ If such debilitated children can stand the rigour and severity of an open-air school life, what about the normal school child ? Why not open-air schools for all ? Why must a child attain a certain degree of physical disability before he or she can obtain the benefits of an open-air education ? Lip service is given in most cases by the opponents of universal open-air schools to the doctrine that fresh air and sunshine are good for all and the foundations of perfect health, and I cannot understand the objections to such schools on the grounds that conditions are too severe. If conditions are not too severe for the sub-normal, why should they be too severe for the normal ? The only argument I have yet heard against universal open-air schools, apart from the slightly increased expense, is that in the open-air schools for debilitated children, these weaklings are specially cared for in the matter of diet, clothing, etc., whereas a normal child who is ill-clad and ill-nourished might suffer severely from the exposure, etc., of the open-air life. Surely this is the weakest of all arguments, and is not a criticism of open-air education, but of the conditions which allow a normal child to be ill-clad and ill-fed. If children are ill-clad and ill-fed, surely the treatment is not to shut them up within four walls of a building, shutting out the fresh air and sunshine so necessary to sturdy growth and thus accentuate an existing evil, but to clothe and feed the child so that he or she may be able to live in the open air with benefit.”

Dr. Paul concludes by urging that all future schools should be built on the open-air principle.

As to whether the conditions prevailing at this type of school favoured the production of chilblains was a question that arose during the year. Dr. Powell, the School Medical Officer at Scunthorpe, made extensive inquiries into the prevalence of this complaint in the new school at Henderson Avenue and also for the purpose of comparison at Ashby. He came to the conclusion, after examining the children and after interrogating many of the parents and all members of the staff, that the system of heating and ventilation at Henderson Avenue did not produce or aggravate chilblains. In fact, the experience of two teachers at Henderson Avenue, who had previously had chilblains, was that their condition had improved at this school.

Desks

Modern desks are gradually replacing the old-fashioned variety. In 1927, 1012 new dual desks and 496 dual tables were supplied.

Ventilation

More attention might be given by teachers to ventilation. It is unusual for Medical Inspectors to find at the routine visits any cause for complaint but, unfortunately, in some schools the reverse is the case when unexpected visits are made.

Out-offices

Where the installation of water closets is impracticable the pail system is the alternative. The latter, although by no means ideal, is the best available. Its success depends largely on adequate and frequent cleansing and most of the defects reported in connection with it can be traced to want of care on the part of the attendant.

The privy vault is still common in country schools. It can only be regarded as most unsatisfactory that about 25 per cent of the schools still have out-offices of this type.

Cloak Rooms

Only in the cloak rooms of the more recently built schools has provision been made for the drying of wet clothes. Where such provision has not been made, head teachers should see that some means of drying wet garments is improvised when necessary.

No child should be allowed to sit in wet clothes. In the Instructions and Regulations for the Guidance of Managers and Teachers, paragraph 33 (11) the Education Committee recommend managers to encourage the keeping of a supply of dry slippers and stockings at the school so that children who come wet may have a change. It is rare, however, to find any such provision made.

Dr. Clarke writes: "At many schools there are no general arrangements in existence for drying garments and footwear in wet weather. Boots sodden with rain and encrusted with wet mud predispose to chills and frequently play havoc with the cleanliness of cloak rooms and ante-rooms."

Dr. Tate writes: "Can nothing be done to provide even part-worn shoes and stockings for the use of children who have to walk miles in inclement weather? Every day in winter one sees a few children sitting wet up to the knees for hours on end. We have masses of literature to prove that rheumatic conditions, the main source of which appears to be damp surroundings, cause hundreds of deaths in children each year and produce as many more cripples."

School Cleaning

The reports of the Medical Inspectors indicate that the standard of cleanliness in many of the schools still leaves much to be desired. It is the duty of head teachers to report any slackness on the part of the school cleaners. This is not always done. A little more interest in the work of school cleaning by the teacher is all that is required to effect an improvement in many of the schools.

Playgrounds have an important bearing on the cleanliness of the school. Where the surface is unsatisfactory, as many of them are, considerable quantities of mud adhere to the children's boots

and are thus carried into the school. The amount of mud transported into the school during the course of the day may be very considerable. I have seen more than one school cleaner discouraged because of this.

Dr. Tate in his report again refers to the large numbers of apparently useless articles that are retained in schools. He instances old maps, furniture, jam pots, broken models, etc.

Medical Inspection

There has been no alteration in the procedure during the year. Each child is medically examined three times during the course of its school life. The first examination takes place as soon as possible in the twelve months following the date of the child's admission to a public elementary school. A second or intermediate examination is performed when the child attains the age of eight years, and the final examination takes place as soon as possible after the age of twelve. In addition to the above routine examinations a large number of children is examined yearly as "specials." These are cases in which defects have been noted or suspected by parents, teachers, nurses or school attendance officers.

All children found to require supervision or treatment are re-examined at each medical inspection.

Rural schools are visited by the Medical Inspector at least once yearly. In urban schools two inspections are made annually.

The following table shows the number of children inspected during the year in elementary schools:—

STATISTICAL TABLES

TABLE I. RETURN OF MEDICAL INSPECTIONS

(A.) Routine Medical Inspections, 1928.						
Number of Code Group Inspections						
Entrants ..	..	..	..	..	..	4391
Intermediates ..	..	..	..	..	..	3846
Leavers ..	..	..	..	..	..	3463
Total ..						11,700
Number of other Routine Inspections ..						600
(B.) Other Inspections.						
Number of Special Inspections ..	..	..	..	..	..	1019
Number of Re-Inspections ..	..	..	..	..	..	8136
Total ..						9,155

Findings of Medical Inspection

The findings of medical inspection are recorded under the headings suggested in the Board of Education Schedule.

Of the children examined at routine inspections (12,300) 19·6 per cent were found with defects which required treatment. (This figure does not include uncleanliness or dental defects.) The corresponding figure for England and Wales for 1927 was 20·6 per cent.

(a) *Uncleanliness.*

In 1928, the nurses made 1379 visits to schools in connection with uncleanliness and examined 37,627 children. Of this number examined 322 or ·86 per cent were found to be bodily affected and 1706 or 4·5 per cent slightly affected.

(b) *Malnutrition.*

Children found to be malnourished and requiring treatment numbered 217. In addition, there were 204 cases where supervision only was considered necessary.

(c) *Enlarged Tonsils and Adenoids.*

This defect was noted in 1550 children or a percentage of 12·6 as compared with 14·6 in 1927. Operative treatment was considered necessary in 40 per cent of the cases noted.

(d) (1) *Pulmonary Tuberculosis.*

Definite pulmonary tuberculosis was diagnosed in 11 cases or 1·1 per 1000. In the previous year the rate per 1000 was 1·8.

There were also noted 100 suspected cases of this disease, giving a rate of 8·1 per 1000 as compared with 9 in 1927 and 14·2 in 1926.

(2) *Non-Pulmonary Tuberculosis.*

Thirty cases of this form of tuberculosis were recorded, the rate per 1000 being 2·4 compared with 3·26 for the previous year.

(e) *Skin Disease.*

220 cases of skin disease were referred for treatment and 23 for observation. The figures for 1927 were 207 and 28.

(f) *External Eye Disease.*

Blepharitis (inflammation of eyelids) accounts for the majority of the cases under this heading. The number of cases reported was 14 fewer than in 1927, when 106 cases were recorded.

(g) *Defective Vision and Squint.*

498 children were found with defective eyesight which necessitated their being referred for treatment and an additional 226 cases required to be kept under observation.

The number of cases of squint referred for treatment was 87, and for observation 28.

Only children with vision of 6/12 or worse were notified as requiring treatment.

(h) *Ear Disease and Hearing.*

Defective hearing was noted in 110 cases, 32 being in need of treatment.

Middle ear disease was found to be present in 82 of the children examined, 65 of which required treatment.

(i) *Dental Defects.*

Medical inspectors only refer for treatment, children with septic teeth and those with marked dental irregularity. In 1928, the number so referred was 288. The School Dentists at their routine inspections examined 3280 children. Of these 95 per cent required treatment.

(j) *Crippling Defects.*

Spinal curvature was recorded in 17 instances, rickets in 28, and other deformities in 45. The last includes deformities resulting from infantile and other forms of paralysis and also such conditions as flat foot, club foot, etc.

TABLE II

A. Return of Defects found in the course of Medical Inspection during the year ended 31st December, 1928

DEFECT	Code Groups		Specials	
	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	186	193	31	11
Uncleanliness Head	102	8	5	1
Body	25	6	7	—
Skin				
Ringworm Head	17	—	5	1
Body	14	1	2	—
Scabies	17	—	6	—
Impetigo	90	3	39	1
Other Diseases (Non-tubercular)	82	19	18	—
Eye				
Blepharitis	67	25	20	1
Conjunctivitis	11	6	4	—
Keratitis	—	2	—	—
Corneal Opacities	4	4	2	1
Defective Vision	498	226	110	8
Squint	87	28	22	1
Other conditions	18	11	8	2
Ear				
Defective Hearing	32	78	15	6
Otitis Media	65	17	28	—
Other Ear Diseases	309	10	28	—
Nose and Throat				
Enlarged Tonsils	336	701	176	17
Adenoids	55	59	25	2
Enlarged Tonsils and Adenoids ..	240	159	44	6
Other conditions	28	57	22	3
Enlarged Cervical Glands (Non-tubercular)	24	208	17	10
Defective Speech	3	27	1	—
Teeth				
Dental Diseases	288	148	60	9
Heart and Circulation				
Heart Disease				
Organic	9	79	5	2
Functional	20	138	4	4
Anæmia	177	87	24	4
Lungs				
Bronchitis	143	98	9	6
Other non-Tubercular Diseases ..	38	44	5	3
Tuberculosis				
Pulmonary				
Definite	2	9	6	2
Suspected	19	81	15	4
Non-pulmonary				
Glands	6	12	1	2
Spine	—	1	—	—
Hip	—	2	—	—
Other Bones and Joints	1	1	—	1
Skin	2	1	1	—
Other Forms	1	3	1	—
Nervous System				
Epilepsy	—	7	—	1
Chorea	3	3	2	1
Other conditions	37	38	12	9
Deformities				
Rickets	19	9	2	1
Spinal Curvature	5	12	1	—
Other Forms	21	24	1	—
Other Defects and Diseases ..	158	93	35	18

TABLE II

B.—Number of individual children found at Routine Medical Inspection to require Treatment. (Excluding Dental Diseases and Uncleanliness).

Group 1	Number of Children		Percentage of Children found to require treatment 4
	Inspected 2	Found to require treatment 3	
<i>Code Groups :</i>			
Entrants	4391	879	20·02
Intermediates	3846	820	21·32
Leavers	3463	606	17·5
Total (Code Groups)	11,700	2,305	19·70
Other Routine Inspections	600	103	17·17

Infectious Diseases

The administrative and nursing arrangements for dealing specially with infectious diseases in schools are materially the same as those described in the report for 1926. The particulars with regard to cases dealt with by the two special nurses are as follows :—

	<i>Cases</i>		<i>Visits</i>	
Measles	722	..	687	
Whooping Cough ..	192	..	178	
Chicken Pox	700	..	671	
Mumps	613	..	603	
German Measles	14	..	14	
Scarlet Fever	4	..	4	
Other Diseases	42	..	36	
Ringworm	3	..	3	
Impetigo	12	..	9	
Scabies	10	..	8	
Total	2312	..	2213	

The following table gives the number of notifications of each disease received :—

	No. of exclusions on account of Infectious Disease in house	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken-pox	Mumps	German Measles	Ringworm	Impetigo	Scabies	Other Diseases	Total
January ..	134	26	22	4	33	156	142	2	8	12	10	14	429
February ..	117	26	11	19	23	141	62	3	15	20	2	19	341
March ..	92	15	5	13	28	97	112	—	8	13	—	13	304
April ..	64	25	1	74	28	53	67	3	5	16	—	11	283
May ..	101	9	2	144	15	51	82	23	9	16	3	1	355
June ..	78	20	1	99	9	57	80	10	9	44	6	4	339
July ..	91	16	8	74	8	93	23	2	1	12	—	2	239
August ..	31	—	—	45	16	17	1	—	3	10	—	—	92
September ..	34	12	5	61	35	16	3	2	4	17	1	1	157
October ..	44	22	8	53	5	27	8	1	—	38	3	4	169
November ..	81	55	5	61	50	81	8	—	3	40	—	6	309
December ..	51	27	1	27	7	31	3	—	—	7	3	3	109
Total ..	918	253	69	674	257	820	591	46	65	245	28	78	3126

School Closures

In accordance with the Regulations of the Board of Education, schools are closed only when such closure is deemed necessary to prevent the spread of infection. They are not closed on educational grounds in consequence of reduced attendance.

In 1928, it was only found necessary to close 14 schools as compared with 226 in 1927.

SCHOOL CLOSURES

Reason for Closure	School or Depts.	Closures by M.O.H	Closures by S.M.O.
Measles	2	1	1
Whooping Cough	1	—	1
Scarlet Fever, Measles & Tonsillitis	1	—	1
Scarlet Fever and Mumps	1	—	1
Scarlet Fever	6	6	—
Disinfection on account of Infectious Disease	1	1	—
Diphtheria	2	2	—
Total	14	10	4

Certificates issued under Rule 23, 2 (c) of the Code.

Nature of Disease	No. of Certificates issued
Measles	21
Measles and Impetigo	2
Measles and Mumps	1
Measles and Pneumonia	6
Whooping Cough	8
Whooping Cough and Influenza	4
Chicken-pox and Impetigo	3
Chicken-pox	11
Chicken-pox and Diphtheria	1
Chicken-pox and Mumps	1
Mumps	15
Scarlet Fever	6
Impetigo	1
Influenza	3
Colds	1
Total certificates issued	84
Number of Schools to which certificates were issued	31

Following up

The greater part of the work of following up falls on the school nurses although assistance is frequently asked for from social workers and voluntary bodies throughout the county.

The work of these nurses is supervised by the superintendent of the Lincolnshire Nursing Association. There are at present employed 28 whole-time Health Visitors and 49 part-time District Nurses. For the purpose of advising parents regarding defects found in their children the nurses made 17,484 home visits during the year.

Medical Treatment

The amounts received in respect of parents' contributions during 1928 are set out under their respective headings below:—

	£	s.	d.
Drugs at School Clinics	89	11	0
Operations for Tonsils and Adenoids	113	19	7
Provisions of Spectacles (necessitous cases)	6	3	10
Dental Charges	105	7	6
Sale of Toothbrushes	6	0	0
Open-Air Education	3	5	1
	£324	7	0

TABLE OF SCHOOL CLINICS

Clinic	Address	Attended by Assistant School Medical Officer and Nurse	Attended by Assistant School Medical Officer (Infant Welfare) and Nurse
Ashby Barton-on-Humber Brigg Burringham Cleethorpes Gainsborough Horncastle Immingham	Wesleyan Schoolroom, High St., Ashby Holydyke House, Barton-on-Humber Old Liberal Club, Queen St., Brigg Temperance Hall, Burringham St. Hugh's Avenue, Cleethorpes 1 Popplewells Row, Bridge St., Gainsboro' Rolleston House, Horncastle Parish Mission, Pelham Rd., Immingham	Tuesdays, 10.30 a.m. Dr. Gains Thursdays, 10 a.m. Dr. Clarke Wednesdays, 10.30 a.m. Dr. Gains Tuesdays, 2 p.m. to 4 p.m. Dr. Clarke Thursdays, 10.30 a.m. Dr. Henderson	Tues. fortnightly at 2.15 p.m. Dr. Graham Thursdays monthly, 2.15 p.m. Dr. Graham Mondays fortnightly, 10.30 a.m. Dr. MacLaren Fridays monthly, 2 p.m.
Laceby Lincoln	Temperance Hall, Laceby 2a Danesgate, Lincoln	Fridays, 10.30 a.m. Dr. Campbell and Dr. Weatherhead	
Little Coates	Association Club Rooms, Dunmow St., Little Coates	Tuesdays, 10 a.m. to 11 a.m. (merged with Cleethorpes as from 1st April, 1928)	
Louth Market Rasen Scunthorpe Spilsby	32 Queen Street, Louth 18 King Street, Market Rasen 5 Home Street, Scunthorpe 2 West End Villas, Spilsby	Wednesdays, 2 p.m. Dr. Tate Tuesdays, 10.30 a.m. Dr. Tate Fridays, 10 a.m. Dr. Lamont & Dr. Powell Mondays, 10 a.m. to 1.30 p.m. Dr. Henderson	
Winteringham	Temperance Hall, Winteringham		Thursdays monthly, 2.15 p.m. Dr. Graham

MINOR AILMENT CLINICS (MEDICAL OFFICERS CONSULTATIONS)

NURSES INTERMEDIATE
TREATMENT CLINICS

Clinic	Ashby	Barton	Brigg	Burringham	Cleethorpes	Gainsborough	Horncastle	Immingham	Laceby	Lincoln	Little Coates	Louth	Market Rasen	Scunthorpe	Spilsby	Winteringham	Cleethorpes	Louth	Scunthorpe	Popplewells Row	Gladstone Street
No. of Children Total	25	246	237	16	503	423	79	38	2	37	88	311	115	738	77	33	151	550	877	165	69
No. of times Clinic open	44	715	771	18	1396	1196	298	171	5	132	280	759	354	1650	210	63	1334	3930	8775	3506	698
Average attendance	14	46	50	7	45	50	47	22	2	49	15	50	50	44	44	10	150	226	229	254	120
	3	16	15	3	31	24	6	8	3	3	19	15	7	38	5	6	9	17	38	14	6

(a) *Minor Ailments.*

The table on the previous page shows the centres at which minor ailments are treated. In the larger centres at Gainsborough, Louth, Scunthorpe and Cleethorpes, a nurse holds a daily clinic in addition to that held by the Medical Officer.

In 1928 the number of minor ailments treated was 2819. Of these 1303 were cases of skin disease, 306 were minor eye defects, 831 minor ear defects, and 379 were miscellaneous defects such as minor injuries, boils, septic sores, chilblains, etc.

TABLE IV. RETURN OF DEFECTS TREATED DURING
THE YEAR ENDED 31st DECEMBER, 1928
TREATMENT TABLE

Group I. Minor Ailments (excluding uncleanness
for which see Group V)

Disease or Defect 1	Number of Defects Treated or under Treatment during the year		
	Under the Authority's Scheme 2	Otherwise 3	Total 4
<i>Skin :</i>			
Ringworm—Scalp	65	70	135
Ringworm—Body	85	24	109
Scabies	40	42	82
Impetigo	438	308	746
Other Skin Diseases	101	130	231
<i>Minor Eye Defects :</i> (External and other, but excluding cases falling in Group 2) ..	163	143	306
<i>Minor Ear Defects</i>	258	573	831
<i>Miscellaneous :</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	356	23	379
Total	1506	1313	2819

(b) *Tonsils and Adenoids.*

Facilities for the removal of tonsils and adenoids are available at Lincoln, Gainsborough, Grimsby, Louth, Scunthorpe Skegness, Spilsby, and Barton-on-Humber.

374 operations were undertaken during the year. This is 62 more than last year and more than double the number for 1926.

The cases treated at each clinic were :—

Barton-on-Humber .. 27	Louth 101
Grimsby 38	Scunthorpe 52
Gainsborough 68	Spilsby 21
Lincoln 64	Skegness 3

TABLE IV

Group III. TREATMENT OF DEFECTS OF NOSE AND THROAT

NUMBER OF DEFECTS				
Received Operative Treatment			Received other Forms of Treatment	Total Number Treated
Under the Authority's Scheme in Clinic or Hospital 1	By Private Practitioner or Hospital apart from the Authority's Scheme 2	Total 3		
374	169	543	311	854

(c) *Tuberculosis.*

Sixteen boys and thirty-two girls suffering from pulmonary tuberculosis were treated during the year in institutions where there were sanatorium schools.

Nine boys and seven girls were treated at sanatoria and hospitals at which there were no sanatorium schools.

Ten boys and nine girls suffering from tuberculosis of the bones, joints or glands were treated at the Gringley-on-the-Hill Children's Hospital for surgical tuberculosis.

Four boys and three girls were treated at the Lord Mayor Treloar Cripples' Hospital at Alton. Hospital schools have now been opened at Alton and Gringley.

One boy, son of an ex-serviceman, was treated at Heatherwood Hospital.

One girl was treated at the Royal National Orthopædic Hospital.

Four boys were treated at the Royal Sea Bathing Hospital, Margate.

During the year 261 school children were treated at the Tuberculosis Dispensaries. Of these 140 were found to be tubercular.

(d) *Skin Disease and* (e) *External Eye Disease.*

Details of cases treated are given in Table IV, Group I.

(f) *Vision.*

Dr. McLaren presents the following statistical report on the work of the Eye Clinics :—

A ~~more~~ detailed account of the cases is given in the following Tables :—

CASES SEEN FOR FIRST TIME IN 1928

No. of cases examined	No. of cases refracted	No. of cases for whom glasses ordered	No. of glasses obtained	No. for whom glasses not necessary	Strabismus	Analysis of Refractive Errors							
						Hypermetropia	Hypermetropic Astigmatism	Myopia	Myopic Astigmatism	Mixed Astigmatism	Cases referred to Doctor	Cases sent to Hospital	Diseases of Eye excluding Minor ailments
766	721	592	541	129	72	138	257	97	44	56	10	4	21

CASES RE-EXAMINED IN 1928

No. of cases re-examined	No. of cases re-refracted	No. of cases for whom glasses ordered	No. of cases glasses obtained	No. for whom new glasses not necessary	Analysis of Refractive Errors				
					Hypermetropia	Hyp. Astig.	Myopia	Myopic Astigmatism	Mixed Astigmatism
631	258	248	237	10	58	102	35	35	18

ANALYSIS OF EYE DISEASES AND DEFECTS (including Minor Ailments)

Hordeolum	Blepharitis	Conjunctivitis	Keratitis		Corneal ulcer	Nebulae of Cornea	Ptosis	Nystagmus	Cataract	Lachrymal Cystitis	Total
2	13	16	T.B.	Syphilitic	5	9	4	3	5	2	64
			3	3							

During the year there were 10 cases referred to the Committee's ophthalmic specialists for advice.

TABLE IV

Group II. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I)

Disease or Defect 1	Number of Defects dealt with			
	Under the Authority's Scheme 2	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme 3	Otherwise 4	Total 5
Errors of Refraction (including Squint)	979	25	280	1284
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ..	21	1	11	33
Total	1000	26	291	1317

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	840
(b) Otherwise	169

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	778
(b) Otherwise	169

(g) *Ear Disease and Hearing.* Vide Table IV, Group I.

(h) *Dental Defects.*

The arrangements for carrying out dental inspection and treatment were given in the report for 1927 and need not be repeated.

The number dealt with show an increase as compared with last year. Altogether 3280 (3131) were inspected. Of these, 3145 (3046) were reported as requiring treatment. In other words, only 5 in every 100 children examined were dentally sound. For purpose of comparison the 1927 figures are given in brackets. The view expressed by the dental surgeons that parents are gradually taking a greater interest in their children's teeth is borne out by the fact that treatment was accepted in 96 per cent of the cases in which it was recommended, as against 87 per cent for 1927.

TABLE IV.
Group IV. Dental Defects

1. Number of children who were :—				
(a) Inspected by the Dentist.				
Routine age Groups	<i>Aged</i>			Total 1628
	5	..	—	
	6	..	651	
	7	..	628	
	8	..	349	
	9	..	—	
	10	..	—	
	11	..	—	
	12	..	—	
	13	..	—	
	14	..	—	
Specials			.. ..	1652
Grand Total			.. ..	3280
(b) Found to require treatment			.. ..	3145
(c) Actually treated			.. ..	3027
(d) Re-treated during the year as the result of periodical examination			.. ..	1133
2. Half-days devoted to Inspection and Treatment				553
3. Attendances made by children for Treatment			..	3093
4. Fillings			Total 699	
			{ Permanent Teeth 434	
			{ Temporary Teeth 265	
5. Extractions			Total 6838	
			{ Permanent Teeth 649	
			{ Temporary Teeth 6189	
6. Administrations of general anæsthetics for extractions,				522
7. Other operations			Total 3311	
			{ Permanent Teeth 354	
			{ Temporary Teeth 2957	

Mr. Booth, L.D.S., in his report draws attention to the difficulties under which dental work is carried out in village schools. He writes: "All the class rooms, because of lack of space, are occupied until the moment of the dentist's arrival. There is a wait while one class room is cleared and the children are positively herded together in the others. Or the officer may be asked to work in a lobby, or in a room in which a class or even classes are being taught. The question arises as to which is the lightest window to work under, for very good light is essential. This decided, the officer himself must often move and stack six or eight desks to make floor space. (If a mistress is in charge of the school she cannot be asked to assist in desk moving.) Often it is necessary to improvise a table by using a blackboard across two desks—a not very aseptic stand for instruments." He suggests as the remedy for this state of affairs the provision of a properly equipped dental van. He maintains that a dental officer so equipped could double the amount of treatment he is able to perform under present conditions.

Mr. Ovey, L.D.S., again refers to the influence of diet on dental caries and stresses the important part played in the prevention of caries by a diet rich in fat soluble vitamin "D."

Mr. Lewis, L.D.S., gives it as his view that a distinct improvement in the dental condition of the school children is noticeable. He writes: "Dental caries is still very prevalent and occurs in advanced stages in many children examined. Compared with earlier years, I feel convinced there is a substantial decrease in this disease and with intelligent use of the tooth brush, together with regular attention easily obtained through the County Council Dental Scheme there ought to be a still greater decline in the incidence of dental caries."

SUMMARY OF THE WORK OF THE COUNTY DENTISTS

	Mr. Ovey	Mr. Lewis	Mr. Booth	Total
No. of Children referred for treatment	785	1084	1276	3145
No. of Children referred for treatment (New Cases)	538	582	892	2012
No. of Children treated	661	1092	1274	3027
No. of Children re-treated (included in Children treated)	247	502	384	1133
No. of temporary teeth extracted ..	602	2679	2908	6189
No. of General Anæsthetics Administered	35	260	227	522
No. of Fillings	224	345	130	699
No. of Schools in which Inspection and Treatment were carried out	72	82	38	192
No. of attendances of school children for treatment	674	1120	1299	3093
No. of attendances of mothers and children under 5	1022	1230	1298	3550
No. of sessions held for children ..	161	199	193	553
No. of sessions held for mothers and chil- dren under 5	251	236½	251	738½

(i) *Crippling Defects.*

At medical inspections the Head Teachers are requested to bring to the notice of medical officers all exceptional children. All cases suffering from crippling deformities are then reported on by the medical inspector.

School attendance officers also report children with crippling defects that come to their notice.

Other cases are notified by school nurses, voluntary workers, etc.

Orthopædic clinics have been established at Cleethorpes, Louth, Scunthorpe, Gainsborough, and Lincoln. The

orthopædic surgeon attends once a month. He also visits special cases in their homes. For the purpose of carrying out massage and remedial exercises and other after-care measures, the orthopædic nurses usually attend at these centres twice weekly and also make domiciliary visits when necessary. Surgical appliances are supplied by the Education Committee as required, the whole or a proportion of the cost being recovered according to the financial circumstances of the parents.

There is no orthopædic hospital in the county. Eight beds are reserved at the County Hospital, Lincoln, for cases requiring a short period of treatment. Cases requiring prolonged hospital treatment are sent to institutions outside the county where accommodation can be found.

At the end of the year there were 52 cases awaiting institutional treatment.

The question of providing a county orthopædic hospital has been under the consideration of the Public Health and Education Committees during the year. The question was, however, deferred. It is to be hoped, if and when the Local Government Bill now before Parliament becomes law, that a building suitable for an orthopædic hospital may become available.

Mr. Bilcliffe's report for the year is as follows :—

The scheme has continued during 1928 upon the same lines as in 1927. Owing to a series of outbreaks of infectious diseases in the Children's Ward at the County Hospital, Lincoln, and consequent closure of the ward, the number of children admitted to the hospital for treatment necessarily suffered and the waiting list has grown. In spite of this, only eight cases less were treated at the hospital than in 1927. Given freedom from similar outbreaks during this year, it is hoped to work off the major portion of the list.

The transferring of the Louth Clinic to Spilsby is still a necessity ; occasional clinics could be held at Louth as they are at Lincoln.

The year has shown an increase of work all round at the clinics as is seen in the following brief comparison with 1927 :—

Number of clinics held 50, an increase of 4.

Number of new cases 186, an increase of 56.

Number of attendances 371, an increase of 171.

Number of attendances at intermediate clinics 3120, an increase of 2111.

Number of cases recommended treatment 173, an increase of 53.

Number of cases admitted to Institutions 60, a decrease of 2.

The working is being reorganized, starting in April of this year, and another qualified orthopædic nurse has been added to the "team." This has necessitated the dispensing with Miss Campbell's services, and I take this opportunity of thanking her for her excellent work.

My thanks are also due to Dr. Campbell and his staff and to Miss Bausor for their valuable help in their several departments.

CASES SEEN BY MR. BILCLIFFE

Orthopædics— School Children— 1928	No. of clinics held	New Cases	Attendances											
Clinic				Rickets	Spinal Curvature	Club Foot	Claw Foot	Flat Foot	Torticollis	Poliomyelitis	Spastic	Congenital Defects	Tuberculosis	Other Forms
Lincoln	5	15	25	2	—	—	—	—	—	4	—	1	4	4
Cleethorpes	11	43	86	—	7	—	—	4	3	16	—	2	3	8
Gainsborough	11	25	55	—	8	1	2	1	—	4	1	2	4	2
Louth	11	41	82	2	—	—	5	1	—	13	3	3	7	8
Scunthorpe	12	62	123	2	7	3	1	3	1	14	3	1	3	22
Total	50	186	371	6	22	4	8	9	4	51	7	9	21	44

Attendances of school children at intermediate orthopædic clinics during 1928:—

Tuberculous	19
Non-tuberculous	3101
	<u>3120</u>

CASES IN INSTITUTIONS DURING 1928

Orthopædics— School Children—1928												
Institution	Total	Rickets	Spinal Curvature	Club Foot	Claw Foot	Flat Foot	Torticollis	Poliomyelitis	Spastic	Cong. Defects	Tuberculosis	Other Forms
St. Roses School	1	—	—	—	—	—	—	1	—	—	—	—
Stroud		—	—	—	—	—	—	—	—	—	—	—
Gringley Children's	13	—	—	—	—	—	—	—	1	—	10	2
Hospital		—	—	—	—	1	1	10	1	3	7*	9
Lincoln County Hosp.	32	—	—	—	—	—	—	—	—	—	—	—
Nat. Children's Home,		—	—	—	—	—	—	—	—	—	—	—
Chipping Norton ..	1	—	—	—	—	—	—	—	1	—	—	—
National Orthopædic	2	—	—	—	—	—	—	1	—	—	1	—
Hospital		—	—	—	—	—	—	—	—	—	4*	1
Margate	5	—	—	—	—	—	—	—	—	—	5	—
Lord Mayor Treloar	5	—	—	—	—	—	—	—	—	—	—	—
Cripples' Hospital		—	—	—	—	—	—	—	—	—	—	—
Heatherwood ..	1	—	—	—	—	—	—	—	—	—	1	—
Total ..	60	—	—	—	—	1	1	12	3	3	28	12

* One child in both Margate and Lincoln during 1928.

RECOMMENDATIONS BY MR. BILCLIFFE

H—Hospital. T—Other forms of treatment. O—Observation. A—Appliances.

Orthopædics— School Children— 1928		Clinic	Total	Rickets			Spinal Curvature			Club Foot			Claw Foot			Flat Foot			Torticollis			Polio myelitis			Spastic			Congenital Defects			Tuberculosis			Other Forms										
				H	T	O	A	H	T	O	A	H	T	O	A	H	T	O	A	H	T	O	A	H	T	O	A	H	T	O	A	H	T	O	A									
Cleethorpes	..	44	-	-	-	1	5	1	-	-	-	-	-	1	3	-	2	2	-	7	-	-	-	-	-	-	1	1	-	2	-	3	1	2	-									
Gainsborough	..	24	-	-	-	1	7	-	-	1	-	1	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-									
Lincoln	..	11	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-									
Louth	..	40	1	-	-	-	-	-	-	-	2	2	1	-	-	-	1	-	5	1	2	2	2	-	-	1	1	3	3	-	2	-	2	2	-									
Scunthorpe	..	54	-	1	1	-	-	6	1	-	-	1	-	-	1	-	2	3	4	3	1	2	-	-	-	2	-	-	-	1	5	1	1	3										
Total	..	173	1	1	3	-	2	18	2	-	1	2	-	-	2	1	5	-	5	2	1	1	1	-	10	10	13	16	2	3	2	-	2	2	2	3	5	-	1	1	2	13	7	6

(j) *Uncleanliness and Verminous Conditions.*

TABLE IV

Group V. Uncleanliness and Verminous Conditions

(I)	Average number of visits per school made during year by School Nurses	3.88
(II)	Total number of examinations of children in the Schools by School Nurses	76,342
(III)	Number of individual children found unclean	2028
(IV)	Number of children cleansed under arrangements made by the Local Education Authority	nil
(V)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	nil
	(b) Under the School Attendance Bye-Laws	nil

Open-Air Education

The only open-air day school in the county is at Louth and was established eleven years ago. Dr. Tate is the Medical Officer in charge and the Head Teacher is Miss Haynes.

Dr. Tate reports as follows :

At the outset of this report it would appear wise to emphasize a point on which a certain amount of misapprehension seems to exist. The school exists for the purpose of raising the standard of the health of its pupils and, this object having been attained as far as possible, education is carried out on the lines which appear to be most suited to the physical capabilities of each child.

Having made this matter clear, it may be said that good work was carried out during the year. Fifty-seven cases were dealt with, the particulars of which are given in the table attached.

Anæmia and debility is the heading containing the greatest number of pupils, but it must be noted that this term should be interpreted in its broadest sense, as many children were admitted to get them into the most healthy surroundings available, where home conditions were bad, either as the result of poverty or actual neglect, very often the result of ignorance.

Five children were treated for tonsils and adenoids, the results being very good. Nearly every child in the school has had dental treatment, all have been examined and, in this connection, one would like to mention the generous assistance of Mr. E. L. Lewis, the school dental surgeon, who gave so much of his own time to this work.

Malnutrition cases come next in order of frequency and were a subject of special investigation, as noted in other reports.

In six of these, intestinal worms were definitely found and they were put under treatment by the school Health Visitor, Miss Rogers. The results were surprising, not only in the enormous number of these pests removed from each child, but, also, in demonstrating the obstinacy of infestation by these pests. Time after time stools became clear for quite lengthy periods only to become flooded again by the parasites without warning. The fluctuations in the physical condition of the children concerned, also, were most definite.

There seems to be little doubt that much of the disability found in children, anæmia, debility, tubercle and the like, can be attributed to infection by thread worms and it might be advisable to issue to parents simple instructions as to the symptoms and treatment of this condition.

As to the general lessons to be learned from the work of the year, one of the most important seems to be the necessity for plenty of actual physical rest for a delicate child.

The effects of an hour's rest, lying down, before and after the mid-day meal have been very noticeable.

As the result of experience in previous years, when a drop of one to two pounds was generally found in the weight of children after holidays, the experiment of issuing cod liver oil and malt, etc., during vacation periods was tried. The effect was good.

In connection with the open-air school, mention must be made of the valuable "following up" work carried out by Miss Rogers.

This Health Visitor never lets a pupil who has been at the open-air school pass out of her supervision until she is sure that the good done in the school has had a permanent effect. During the past year 84 homes have been kept under supervision and 518 visits have been paid.

Diseases	No.	Diseases	No.
Anæmia and Debility	30	Glands enlarged	2
Malnutrition	9	Rickets	2
Lungs ? Tubercle	4	Nasal Discharge	1
V.D.H.	3	Enlarged Thyroid	1
Chorea... ..	2	Conv. after operation ..	1
Br. Catarrh	2		
		Total ..	57

During the year the cases treated numbered 57

From 1927	24
Admitted 1928	33
Remain to 1929	22
Discharged improved	31
Left the district	3
Left school, over school age	1

CHILDREN ATTENDING THE LOUTH OPEN-AIR SCHOOL DURING 1928
GIRLS

Name	Age on Admission	Date of Admission	Defect	Weight (a) Admission (b) Discharge or at end of year		Date of Discharge	Remarks
				(a) lb.	(b) lb.		
V. K.	5½	15-2-26	Anæmia, Cervical Glands	41½	60½		Attending
J. H.	7 5/12	7-9-26	Debility	41	52½	23-11-28	Passed fit
E. S.	9 9/12	28-2-27	Debility	58½	71½	25-5-28	Passed fit
M. L.	9 1/12	2-3-27	Suspected T.B.	46¾	54	2-8-28	Passed fit
E. F.	10 9/12	30-3-27	Anæmia and Debility	69	75½	30-3-28	Passed fit
G. V.	9 8/12	1-4-27	Anæmia, Debility, Adenitis	73½	93¾	30-3-28	Passed fit
M. C.	7 2/12	4-4-27	Anæmia, Debility, Pretubercular	43¾	50	30-3-28	Passed fit
I. O.	12 8/12	9-5-27	Chorea Debility	60½	70½	31-10-28	Left school (14)
Q. C.	7 2/12	9-5-27	Malnutrition, General Debility	49	59½	30-3-28	Passed fit
F. W.	9 7/12	23-5-27	Debility	48½	62½	20-12-28	Passed fit
H. B.	6 9/12	4-7-27	V.D.H.	45½	52¾		Attending
M. B.	7 1/12	18-7-27	Anæmia and Debility	45¾	50½	2-8-28	Passed fit
A. S.	5	3-10-27	Malnutrition	32	38½		Attending
P. F.	9	14-11-27	Anæmia and Debility	48½	52¼		Attending
M. S.	9	14-11-27	Debility	69½	77½	25-5-28	Passed fit
N. S.	9 10/12	5-12-27	V.D.H.	63½	68½		Attending
A. W.	8	10-1-28	Debility	42½	47½		Attending
C. C.	8 7/12	10-1-28	Malnutrition	49¾	57½	20-12-28	Passed fit
M. S.	9 6/12	10-1-28	Debility, T.B., Adenitis	56	61¾	22-6-28	Passed fit
J. S.	7 6/12	10-1-28	? T. B. Abdomen and Glands	51½	57½	22-6-28	Passed fit
J. G.	8 7/12	30-1-28	Debility	60	65½	25-5-28	Passed fit
J. S.	8 9/12	30-1-28	Debility and Anæmia	58½	60½	2-8-28	Passed fit
M. L.	8 3/12	6-2-28	Debility	51	54½	2-8-28	Passed fit
E. W.	13 4/12	23-4-28	Debility	71	75¼	2-8-28	Left district
L. H.	6½	30-4-28	Incipient Chorea	49¾	54¾	20-12-28	Left district
L. A.	12 4/12	1-5-28	Anæmia and Debility	83¾	99¼	20-12-28	Passed fit
N. D.	9 6/12	14-5-28	Anæmia and Debility	59	72½		Attending
L. S.	8 3/12	2-7-28	Anæmia and Debility	47¼	54½		Attending
E. R.	7 6/12	2-7-28	Debility	49½	56¾	20-12-28	Passed fit
N. F.	6	9-7-28	Anæmia and Debility	30½	33½		Attending
D. W.	7 2/12	26-11-28		47½	48½		Attending

CHILDREN ATTENDING THE LOUTH OPEN-AIR SCHOOL DURING 1928
BOYS

Name	Age on Admission	Date of Admission	Defect	Weight (a) Admission (b) Discharge or at end of year		Date of Discharge	Remarks
				(a) lb.	(b) lb.		
R. W.	5 1/12	27-9-26	Anæmia and Debility	38	47		Attending
N. F.	6 8/12	30-3-27	Debility, Necrosis Nasal bones	51 $\frac{3}{8}$	54	30-3-28	Passed fit
G. T.	7 9/12	26-6-27	Anæmia and Debility	50 $\frac{1}{2}$	61 $\frac{3}{4}$	20-12-28	Passed fit
L. C.	7 2/12	4-7-27	Debility, Suspected Lungs	43 $\frac{1}{4}$	48	2-8-28	Passed fit
A. T.	6	12-9-27	Debility and Anæmia	42 $\frac{1}{2}$	45 $\frac{1}{8}$	2-8-28	Passed fit
M. T.	8	12-9-27	Lungs ?	46 $\frac{1}{8}$	51 $\frac{5}{8}$	20-12-28	Passed fit
F. O.	7 3/12	26-9-27	Debility and Anæmia	42 $\frac{1}{8}$	46 $\frac{7}{8}$	22-6-28	Passed fit
R. S.	7	1-11-27	General Weakness and Debility	44	54		Attending
A. T.	12	10-1-28	Rheumatic Heart Disease	74 $\frac{7}{8}$	85 $\frac{5}{8}$	2-8-28	Passed fit
F. H.	11 11/12	10-1-28	Malnutrition, T.B. Cervical Glands	59 $\frac{1}{2}$	67	2-8-28	Passed fit
C. S.	10 1/12	10-1-28	Bronchial Catarrh	64 $\frac{5}{8}$	69 $\frac{5}{8}$	2-8-28	Passed fit
F. S.	9 3/12	16-1-28	Adenoids, Bronchitis, Malnutrition	61 $\frac{1}{2}$	66 $\frac{1}{2}$	25-5-28	Passed fit
L. M.	6 5/12	30-1-28	Malnutrition	33 $\frac{3}{4}$	35 $\frac{1}{8}$	2-8-28	Passed fit
H. S.	5 7/12	17-4-28	Anæmia and Debility	40 $\frac{3}{4}$	48 $\frac{7}{8}$		Attending
C. E.	5 1/12	21-5-28	Rickets	35 $\frac{3}{8}$	37	20-12-28	Transferred to West Kirby
J. F.	7 1/12	24-6-28	Rickets and Anæmia	36 $\frac{1}{4}$	39 $\frac{5}{8}$		Attending
A. W.	12 3/12	11-9-28	Pretuberculous	69 $\frac{3}{4}$	77	20-12-28	Passed fit
G. S.	11	11-9-28	Pretuberculous and Malnutrition	50 $\frac{3}{4}$	50 $\frac{3}{4}$	14-9-28	Discharged
W. M.	7 4/12	11-9-28	Pretuberculous and Malnutrition	38 $\frac{3}{4}$	42 $\frac{5}{8}$		Attending
C. C.	6	11-9-28	Malnutrition and Anæmia	39 $\frac{1}{8}$	41		Attending
R. J.	6 10/12	1-10-28	Debility	45 $\frac{1}{4}$	46 $\frac{1}{2}$		Attending
W. S.	9 3/12	16-10-28	Anæmia and Debility	56 $\frac{3}{4}$	61 $\frac{1}{8}$	20-12-28	Passed fit
H. C.	5 6/12	16-10-28	Anæmia and Debility	44	48 $\frac{1}{4}$	20-12-28	Left district
H. T.	6 11/12	29-10-28	Debility and Malnutrition	47 $\frac{5}{8}$	50 $\frac{1}{2}$		Attending
C. H.	6 10/12	5-11-28	Anæmia and Debility	45	48		Attending
L. B.	5 2/12	19-11-28	Debility	44 $\frac{1}{8}$	46 $\frac{1}{8}$		Attending

Miss Haynes makes the following report on the work of the school during the year.

As reported last year, the time available for ordinary educational purposes is very much limited, owing to the necessary health routine, viz., bathing, personal hygiene, resting, etc. The children are never all present on any morning, extra rest having been recommended for most of them. And, again, all children rest for an hour after their mid-day meal, and every afternoon, with the exception of Friday, is broken into by necessary health duties.

However, we do our best under the exceptional circumstances, and have been gratified to hear from certain Head Teachers in the town, respecting children who had returned to them, that the ground lost through physical disability had been quite regained, and these children were well abreast of the others.

We keep the child in touch with the usual school subjects as far as we are able with the short time at our disposal. Individual methods are used—the younger children being supplied with special apparatus for the teaching of reading and number.

Nature Study. Few formal lessons in this subject, as in other subjects, are practicable owing to the varied ages and transitory attendance of the children. Amongst other things the children are taught to make weather observations, to recognize trees, flowers, grasses, etc. They have erected a bird table which is used regularly, and in this way at odd moments during the day they become familiar with the habits of their feathered friends. They learn to recognize the flight, songs, and calls, as well as the plumage of the more common birds. Following lessons on the Solar System and Star Legends, the children met at school one evening and were taught to identify the more familiar constellations.

Handwork. Some useful handwork has been done including a set of thirty dinner napkins and feeders with cases (in cross-stitch and embroidery), also stools, trays, raffia mats, milk cover, book covers. Blankets have also been repaired. Most of the articles made were for school use and therefore of greater interest to the children.

Domestic Work. In a school such as ours this subject takes a prominent place. The instruction includes the setting and clearing of the dining tables, arrangement of flowers for the same, washing and ironing feeders, etc. Washing hair brushes and combs, scrubbing and polishing tables, cleaning silver.

We now have coloured tablecloths, and cups and saucers at tea-time instead of the white oilcloths and mugs, thus exerting, we hope, at little cost, a silent æsthetic influence.

Towards the end of the year, Dr. Tate kindly presented us with a gramophone which has been of great service to the school and is much appreciated by the staff and scholars.

Although the Public Health Committee is responsible for the Branston Hall Sanatorium Open-Air School, the following short report by Miss Walton, the Head Teacher, is given here for the information of the Education Committee.

On Monday, 16th July, 1928, I commenced duties as Head Teacher of the above open-air school.

The children were divided into three groups according to age: Group I, children 11—14 years of age; Group II, children 8—11 years of age; Group III, children 5—8 years of age. There were twenty children present on the first day. Lessons carried on as usual until a new time table was drawn up.

Reading. The younger children, groups I and II use the Cruikshank method. This method is specially prepared for individual work. It consists of a series of graduated letters, pictures, models, etc. The older children use books from a small library of assorted books.

Arithmetic. The children work individually in this subject. Philip's Five Class Explanatory Arithmetic books are used. The children work through from Book II to Book VI. These books cover the work usually taught in the elementary schools. The younger children work simple addition and subtraction sums in problem form.

Writing. Groups II and III have copy books in which they copywrite from the board. They print and also script write.

Group I also do copywriting from the board. Dictation is also taken in this group. Narrative compositions are given once a fortnight.

History. "Piers Plowman History Readers" are used in Groups I, II and III, also "Dopp's Tree Dwellers" and "Early and Later Cave Men." "Stories of our Patriotic Heroes" are also read to the children.

Geography. Lionel W. Lydes "The World" is used. In this subject we choose a country, study it, find out all we can about its people, customs and nature of the land. "Child Education" cut-out models are used as illustrations.

In the lower class, the children study "Little Travellers at Home and Abroad."

Nature Study. Groups I, II and III take this subject. This subject takes the form of outdoor work, rambles, and gardening.

Handwork. The girls do knitting, sewing, and raffia work. The boys do carpentry, basketry, and raffia work. The younger children do paper-folding and cutting, also plasticine and pastelling..

Drawing. Imaginative drawing is taken, also memory and object drawing. Sometimes the drawings are painted.

General Knowledge. Once a week the children are given a short test in this subject. Also J. W. Marriot's "Junior Course of English" is used. The children read an extract from a well-known book and questions are given to be answered at the end of each extract.

Physical Training

My predecessor, Dr. Glegg, has repeatedly, in previous reports, stressed the importance of a properly organized system of physical training in the public elementary schools of the county. He has also on several occasions strongly recommended the Committee to appoint an organizer of Physical Training. With this recommendation I entirely agree. The attention given to this subject varies greatly in different schools. Much depends on the personal interest taken in this work by Head Teachers and on the knowledge and training they have had in this particular subject. In a number of schools good work is undoubtedly being done but in many there is room for considerable improvement.

Dr. Tate has drawn attention to the unsatisfactory nature of teaching singing in certain schools. He says: "Time after time he sees rows of scholars, sitting in forms, legs 'anyhow,' lolling against the desks in front or with their backs firmly planted against the back rests behind, carrying out what are called singing lessons. . . . Singing lessons should be carried out standing up. Children should be taught to use their thoracic muscles properly and they should be shown how to regulate their breathing for singing purposes."

Provision of Meals

No special arrangements for the provision of meals, under the Education Act, 1921, were considered to be necessary during the year.

There is evidence that in many of the schools improvement is gradually taking place in the conditions under which the children partake of their mid-day meal. The teachers, as a rule, are taking a greater interest in this important matter both as regards the supervision of the children and also in arranging to supply a hot drink, usually milk or cocoa.

School Baths

There are no school baths provided in elementary schools in the county.

Co-operation of Parents

Parents are invited to attend all routine and special medical inspections of their children. Many avail themselves of the opportunity afforded them, especially in the case of children being examined for the first time. I think there is no doubt that they appreciate more and more every year the aim and value of school medical inspection. It is now extremely rare for parents to refuse to allow their child to be examined.

Co-operation of Teachers

The most cordial relations continue to exist between the teachers and the school medical staff. With few exceptions teachers take a very keen interest in medical inspection. They have rendered much valuable help not only in connection with the examination of the children but also by using their influence with neglectful parents. The latter has frequently resulted in prompt treatment being obtained.

Co-operation of School Attendance Officers

The Attendance Officers work in close touch with the School Medical Department. They refer children absent from school on grounds of ill-health to the Medical Officers of school clinics. They also consult personally with the School Medical Inspectors when circumstances require it. Children excluded from school by the medical or nursing staff are notified to the Attendance Officers.

Certificates from private doctors, excluding children from school, are sent by the Attendance Officers to the School Medical Officer. Where necessary, these certificates are referred to the appropriate Medical Inspector for his information. Head Teachers are also asked to bring these children to the notice of the Medical Inspector at his next inspection.

Co-operation of Voluntary Bodies

The Lindsey Child Welfare and Mental Welfare Association is a most active and helpful organization. The School Medical Officer acts as joint honorary secretary to the Association and the Education Committee, which is represented on the Executive Committee of the Association, pays 50 per cent of the Organizing Secretary's salary and also makes a grant of 50 per cent of the approved expenditure on invalid children. Miss Eileen Brown, the organizing secretary, has an office in the same building as the School Medical Officer. This arrangement ensures the closest co-operation between the Association and the School Medical Service.

In 1926 the Association established an occupation centre at Scunthorpe for low-grade mental defectives. The success of this centre and its benefit to both the children and their parents has been such that a second centre has, during the year, been opened at Cleethorpes, and the Association hopes to be able to establish a similar centre at Gainsborough in the near future.

Other voluntary societies working in co-operation with the school medical service are the Lindsey Blind Society and the National Society for the Prevention of Cruelty to Children. The latter continues to give valuable help, especially with regard to cases of neglect. In these cases a visit from any of the Society's inspectors usually has the desired effect.

Exceptional Children

Under this heading are included children who are blind, deaf, physically defective, epileptic and mentally deficient.

Head Teachers and attendance officers are the chief sources of information regarding exceptional children. Health visitors and school nurses also report cases discovered in the course of their home visits. A few are also reported through voluntary bodies. Cases reported are investigated as soon as possible by one of the Medical Officers.

Blind, deaf and epileptic children likely to benefit by special education are sent to institutions outside the county. Mental defectives are reported to the Director of Education. The greatest difficulty is experienced in finding accommodation for these cases. Although repeated efforts are made it is only on very rare occasions that they are successful. No progress in this direction is likely to be made until arrangements are completed within the county for accommodating these cases.

At the end of 1928, six mentally defective children were attending special schools.

TABLE III
RETURN OF ALL EXCEPTIONAL CHILDREN IN
THE AREA, ON 31st DECEMBER, 1928

				Boys	Girls	Total	
BLIND (including partially blind).	(1) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind			8	6	14
		Attending Public Elementary Schools ..			2	—	2
		At other Institutions			—	—	—
		At no School or Institution			3	3	6
	(2) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind			—	—	—
		Attending Public Elementary Schools ..			8	3	11
		At other Institutions			—	—	—
		At no School or Institution			2	2	4
DEAF (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf			8	16	24
		Attending Public Elementary Schools ..			—	1	1
		At other Institutions			—	—	—
		At no School or Institution			—	2	2
	(2) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf			—	—	—
		Attending Public Elementary Schools ..			1	1	2
		At other Institutions			—	—	—
		At no School or Institution			—	—	—
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children			6	—	6
		Attending Public Elementary Schools ..			42	27	69
		At other Institutions			—	—	—
		At no School or Institution			14	2	16
	Notified to the Local Control Authority during the year :						
	1.	i. Idiots	1	—	1		
		ii. Imbeciles	16	10	26		
		iii. Children incapable of receiving benefit or further benefit from instruction in a Special School	5	3	8		
		iv. Children unable to be instructed in a Special School without detriment to the interests of other children ..	—	—	—		
		v. Moral imbeciles or moral defectives	—	—	—		
	2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16			3	—	3
	3.	Feeble-minded children notified under Article 5 of the 1914 Regulations or under Article 3 of the 1928 Regulations, i.e., "special circumstances" cases			—	—	—
4.	Children who in addition to being mentally defective were blind or deaf			—	—	—	

TABLE III—*Cont.*
RETURN OF ALL EXCEPTIONAL CHILDREN IN
THE AREA, ON 31ST DECEMBER, 1928

			Boys	Girls	Total
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	—	1	1
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools ..	—	2	2
		At no School or Institution	2	5	7
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ..	25	21	46
		At no School or Institution	1	1	2
PHYSICALLY DEFECTIVE.	Infectious Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	3	6
		At other Institutions	—	—	—
		At no School or Institution	3	5	8
		Non-infectious but active Pulmonary and Glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	10	5
		At Certified Residential Open-Air Schools ..	—	—	—
		At Certified Day Open-Air Schools ..	—	—	—
		At Public Elementary Schools	34	28	62
		At other Institutions	—	—	—
		At no School or Institution	15	17	32
	Delicate Children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.).	At Certified Residential Open-Air Schools ..	2	—	2
		At Certified Day Open-Air Schools	10	9	19
		At Public Elementary Schools	603	419	1022
		At other Institutions	1	1	2
		At no School or Institution	11	12	23
Active non-pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ..	7	5	12	
	At Public Elementary Schools	19	11	30	
	At other Institutions	—	—	—	
	At no School or Institution	15	15	30	
Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease	At Certified Hospital Schools	—	2	2	
	At Certified Residential Schools	2	2	4	
	At Certified Day Cripple Schools	—	—	—	
	At Public Elementary Schools	105	93	198	
	At other Institutions	1	1	2	
	At no School or Institution	10	18	28	

Secondary Schools

In Secondary Schools a complete medical examination is made in the case of all "entrants" and "leavers." In addition, those who have suffered from any illness since last inspection are re-examined, as are also those found defective at previous inspections. Special cases are brought to the notice of the Medical Inspectors by teachers and parents.

The accompanying tables show the number and results of the examinations.

SECONDARY SCHOOLS

TABLE I. RETURN OF MEDICAL INSPECTIONS

A Routine Medical Inspections, 1928								
Number of Inspections								
Entrants ..	..	..	..	..	..	..	..	733
Intermediates	..	..	..	..	..	..	..	—
Leavers ..	..	..	..	..	..	..	..	188
Total								921
Number of other Routine Inspections								—
B Other Inspections								
Number of Special Inspections	..	..	..	..	..	..	..	115
Number of Re-Inspections	..	..	..	..	..	..	..	629
Total								744

TABLE II. 1928. SECONDARY SCHOOLS

A. Return of Defects found in the course of Medical Inspection during the year ended 31st December, 1928.

DEFECT	Age Groups		Specials	
	No. referred for treatment	Number requiring to be kept under observation but not referred for treatment.	No. referred for treatment.	Number requiring to be kept under observation but not referred for treatment.
Malnutrition	3	12	3	2
Uncleanliness Head	—	—	—	—
Body	—	—	—	—
Skin				
Ringworm Head	—	—	—	—
Body	1	—	—	—
Scabies	—	—	—	—
Impetigo	1	—	—	—
Other Diseases (Non-tubercular)	3	2	1	2
Eye				
Blepharitis	1	—	—	—
Conjunctivitis	1	—	—	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision	65	14	11	3
Squint	3	—	—	—
Other conditions	1	—	2	—
Ear				
Defective Hearing	1	—	1	2
Otitis Media	—	—	1	—
Other Ear Diseases	27	1	3	—
Nose and Throat				
Enlarged Tonsils	17	47	13	9
Adenoids	3	1	1	—
Enlarged Tonsils and Adenoids	9	13	3	3
Other conditions	4	2	1	—
Enlarged Cervical Glands (Non-tubercular)	—	13	—	5
Defective Speech	—	—	—	—
Teeth				
Dental Diseases	79	10	11	2
Heart and Circulation				
Heart Disease				
Organic	1	3	—	1
Functional	—	12	2	2
Anæmia	22	7	3	3
Lungs				
Bronchitis	4	4	—	1
Other non-Tubercular Diseases ..	—	9	—	—
Tuberculosis				
Pulmonary				
Definite	—	—	—	—
Suspected	—	8	—	—
Non-pulmonary				
Glands	—	—	—	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints ..	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System				
Epilepsy	—	—	—	—
Chorea	—	—	1	—
Other conditions	2	1	—	—
Deformities				
Rickets	2	1	—	—
Spinal Curvature	1	1	—	—
Other Forms	8	4	1	1
Other Diseases and Defects	4	10	6	2
Number of Normal Children		119 boys	158 girls	

SECONDARY SCHOOLS

TABLE II

B.—Number of individual children found at Routine Medical Inspection to require Treatment. (Excluding Dental Diseases and Uncleanliness).

Group 1	Number of Children		Percentage of Children found to require treatment 4
	Inspected 2	Found to require Treatment 3	
Entrants	733	135	18.41
Intermediates	—	—	—
Leavers	188	20	10.64
Total	921	155	16.83

Defects found at previous examinations and reported after re-examination in 1928, to have been treated.

Malnutrition	6
Uncleanliness	
Head	—
Body	—
Skin	
Ringworm Head	—
Body	—
Scabies	—
Impetigo	1
Other Diseases (Non-tubercular)	1
Eye	
Blepharitis	4
Conjunctivitis	—
Keratitis	—
Corneal Opacities	—
Defective Vision	66
Squint	3
Other conditions	8
Ear	
Defective Hearing	1
Otitis Media	4
Other Ear Diseases	14
Nose and Throat	
Enlarged Tonsils	39
Adenoids	4
Enlarged Tonsils and Adenoids	5
Other conditions	1
Enlarged Cervical Glands (Non-tubercular)	—
Defective Speech	—
Teeth	
Dental Diseases	62
Heart and Circulation	
Heart Disease	
Organic	—
Functional	—
Anæmia	8
Lungs	
Bronchitis	1
Other non-Tubercular Diseases	—

(continued)

Tuberculosis										
Pulmonary										
Definite	..	..	..	..	..	..	..	..	..	—
Suspected	..	..	..	..	..	..	..	..	..	—
Non-pulmonary										
Glands	..	..	..	..	..	..	..	..	..	—
Spine	..	..	..	..	..	..	..	..	..	—
Hip	..	..	..	..	..	..	..	..	..	—
Other Bones and Joints	..	..	..	..	..	..	..	..	..	—
Skin	..	..	..	..	..	..	..	..	..	—
Other Forms	..	..	..	..	..	..	..	..	..	—
Nervous System										
Epilepsy	..	..	..	..	..	..	..	..	..	—
Chorea	..	..	..	..	..	..	..	..	..	—
Other conditions	..	..	..	..	..	..	..	..	..	—
Deformities										
Rickets	..	..	..	..	..	..	..	..	..	—
Spinal Curvature	..	..	..	..	..	..	..	..	..	3
Other Forms	..	..	..	..	..	..	..	..	..	4
Other Defects and Diseases	..	..	..	..	..	..	..	..	..	7

Continuation Schools and Nursery Schools

There are none in the county.

Employment of Children and Young Persons

The Education Committee's bye-laws provide that children under twelve years of age may not be employed. Older children may be employed before school but must first obtain a certificate from the School Medical Officer to the effect that they are fit for such employment. Six children were examined during the year; four of these were found to be unfit and consequently certificates were refused.

In the great majority of cases where certificates were granted the children were employed before school in delivering newspapers.

Examination of Supplementary Teachers and Pupil Teachers, etc.

Ninety-nine pupil teachers and others in training for the teaching profession were medically examined by the staff during the year.

Teaching of Mothercraft

(Report by Dr. A. T. BRUNYATE)

Classes have been held at Cleethorpes, Scunthorpe, Gainsborough, Louth, Brigg, Market Rasen and Spilsby.

All the classes have been conducted on the same general lines.

A Health Visitor is in charge of each class. The classes are held on Infant Welfare Centre premises weekly. A course consists of twelve lessons, each of an hour's duration. In future, where the classes are small, and for village schools, it is intended to modify the theoretical part of the syllabus and cut down the number of lessons to suit the needs of the smaller number of girls.

At each place, in addition to attending the class, the girls attend in rotation, two or three at a time, at the Infant Welfare Centre once a week and the superintendent of the centre finds them occupation. The girls take a great interest in the attendance at the centres; at Gainsborough, after leaving school, one of the ex-pupils came regularly for some months and gave help as a voluntary worker, and at Scunthorpe an ex-pupil is now doing the same thing.

At most of the centres the girls have given demonstrations of their work to the mothers to the great interest, if sometimes to the amusement, of their audience. At the weekly classes not more than twenty minutes is given to theoretical teaching and for the rest of the hour the girls are at work themselves. The baby is represented by a life-size washable doll and the girls work in groups of six to a doll. The baby is undressed, bathed, dressed, weighed and put in its cot; the cot and the bath are prepared, a feeding bottle is got ready and the food prepared.

The girls take immense interest in the work. At Market Rasen when on one occasion the Health Visitor, who is also a District Nurse, was called away just before the lesson, she found the girls on her return industriously going through the routine of the class.

The teachers have given most sympathetic help with the classes. At the larger places, where six girls from each school attend the class, a teacher comes from each school in turn to be present. Exercises set by the nurse are corrected at school so that the subject has the status of a regular school subject. When only a proportion of the leaving girls at a school can attend the class, the particular girls to attend are chosen by the teacher in consultation with the nurse. When the classes were first opened the teachers themselves in several

cases made the model clothing and in all cases the teachers have arranged for clothing to be made at school in the needlework lesson. In every possible way there has been co-operation between teacher and nurse.

Artificial Sunlight

The Bacon Medical Aid Trust at Gainsborough has presented the County Council with an ultra-violet ray lamp for use at the Gainsborough clinic. The lamp, which is a Hanover Mercury Vapour, has been installed in a suitably equipped room at the clinic premises, Popplewells Row. Dr. Brunyate is in charge and clinics are held twice weekly. Treatment is given to school children on the recommendation of Dr. Clarke, the assistant school medical officer at Gainsborough.

As the lamp did not come into use until nearly the end of October, the number of cases treated during the year has been very small.

Mrs. Kelly, of Cleethorpes, and Alderman W. Lacey, of Louth, have also presented lamps similar to the above. These are being installed, one at the new clinic at Cleethorpes and the other at 32 Queen Street, Louth, and it is hoped they will be in full use at an early date.

